



A Quality Assessment Initiative through Empirical Outcome Research in Long-Term Care for Older Persons: Experiences from National Level Mandatory Surveys in Facility Care in Japan and Family Care in Chile

著者	Sandoval Garrido Felipe Alfonso
発行年	2015
その他のタイトル	高齢社会におけるケアの質のアウトカム評価：介護保険制度中心の日本と家族介護中心のチリにおける考察
学位授与大学	筑波大学 (University of Tsukuba)
学位授与年度	2014
報告番号	12102甲第7478号
URL	http://hdl.handle.net/2241/00125911

氏名（本籍） Felipe Alfonso Sandoval Garrido

学位の種類 博士（ヒューマン・ケア科学）

学位記番号 博甲第 7478 号

学位授与年月 平成 27 年 3 月 25 日

学位授与の要件 学位規則第 4 条第 1 項該当

審査研究科 人間総合科学研究科

学位論文題目

A Quality Assessment Initiative through Empirical Outcome Research
in Long-Term Care for Older Persons: Experiences from National
Level Mandatory Surveys in Facility Care in Japan and Family Care
in Chile

（高齢社会におけるケアの質のアウトカム評価
ー介護保険制度中心の日本と家族介護中心のチリにおける考察ー）

主査	筑波大学教授	博士（医学）	本田 靖
副査	筑波大学准教授	博士（保健学）	橋爪 祐美
副査	筑波大学教授	医学博士	田宮菜奈子
副査	早稲田大学教授	Ph.D. in Economics	野口 晴子

論文の内容の要旨

目的：

The thesis project of the candidate is a quality assessment initiative using empirical outcome assessment in both long term and family care for older persons, at two different locations, Japan and Chile, by using nationally representative, mandatory, secondary data aimed at creating empirical evidence on factors related to quality of care through outcome assessment, both for internal and external reference. There are two main arguments for focusing on quality of care; first, even where health and long-term care systems are well developed and funded there is clear evidence that quality remains a crucial concern, with expected outcomes not being met and with notorious differences in delivery standards. Also, particularly in developing countries, the need to maximize resources and expand coverage needs to be based on quality to achieve the best possible results. With increasing restraints of funding and economic constraints to facility care and the changes in the care provision of family care, the quality of care received by older persons in the world has become an important aspect of the care provision as a whole.

The guiding principles of this doctoral research are the following: even where provision services are well developed, the challenge of providing high quality outcomes remains a challenge; developed countries, have experience to share; developing countries, in advanced stages of the demographic transition could also help to create evidence for countries that need to strengthen their informal care settings; and developing countries and developed countries alike need to have a thorough understanding of their present conditions regarding outcomes of care.

対象と方法 :

The subjects of this project are older persons and their caregivers in these two different settings. In the case of facility care in Japan, we have analysed secondary data from the survey to verify indicators for chronological index of status and individual characteristics of user of the long term care facility for the elderly carried out in March 2009. This data was merged with a data set of institutional data. They were merged by the user ID. Selected subjects (cases and non-cases that provide data to the study) were around 10 randomly selected institutionalized users from 108 institutions accounting up to 1068 residents. This number of subjects was obtained after applying the exclusion criteria.

In the case of family care in Chile, we have analysed secondary data entitled 2009 national survey on dependency of older persons in Chile commissioned by the national agency for older persons in Chile. The data collection was conducted between November 2009 and January 2010. The data consists of two target groups: older adults aged 60 and older living in the community, and their informal caregivers if any. The selection of the sample was conducted through a probabilistic sampling design, stratified geographically and by population size in urban and rural areas, with a multistage probability of selection. The sampling framework was based on the 2002 census characteristics of the elderly population, and an additional oversampling of the population aged 80 years and over, to compensate for their lower numbers. Access to the data is granted to any Chilean citizen under the law 20,285 that grants access to information of any public institution.

In both settings, we have used secondary mandatory data obtained from nationally representative sources. As an empirical effort, we carry out analytical and inferential analyses, both cross-sectional and longitudinal viewpoints.

結果 :

Results can be divided into those in Japan and those Chile. Studies in Japan show that beneficial factors regarding falls are nurses per 100 users. For dehydration is the leadership of the management. For pressure ulcers is the leadership of the physician. On the other hand, detrimental factors for pressure ulcers are registered nurses per 100 users, 24 hour nurse staffing and the proportion of bed-ridden users. For physical decline are falls.

Studies in Chile show that beneficial factors for the depression of the caregivers is higher social support and vacations in the past year. Detrimental factors are female sex, being uninsured, being the partner and hours of

care. Regarding the depression of the older person, a beneficial factor is physical activity. Detrimental factors are 5+ acute consultations, living alone, living uncomfortable, and feeling discriminated. Regarding the burden of care of the caregivers, a beneficial factor is social functioning.

考察：

The author would like to propose addressing the discussion following the guiding principles stated in the introduction to this doctoral thesis, to draw the particular discussion and conclusions from each article. First, even where provision services are well developed, the challenge of providing high quality outcomes remains a challenge: Studies on long term care in Japan reveal very interesting pieces of information that Japan could use to share with other countries, but also to inform themselves. One aspect is that quality, in terms of prevalence of adverse events and clinical indicators as shown in study one, is fairly high, even considering that there are no quality assurance mechanisms or quality control systems that may deter malpractice. It seems that culture of care in Japan at long-term care facilities is high without any particular incentives to control quality. It may be argued that policies of services of excellence when serving a customer are also reflected in this aspect of provision. This reality of low prevalence of adverse events contrast dramatically with the provision of care in other long term care settings in the world, where cases of negative outcomes, ill-treatment and violence, negligence are fairly common. Second, developed countries, have experience to share: we can draw from the results is that, despite the quite homogenous provision of good quality in this type of facilities, there is still a strong effect of the staff. In the first study we see how the nursing staff has a relevant role in affecting adverse event, positively, but also negatively. This negativity is closely related to the case mix face by the staff at this particular setting. However, the lessons of the provision and outcomes is a reminder for other countries that intend to implement this kind of services to pay attention at how case mix adjustment is done when evaluating the quality of care. Additionally the configuration of the staff in term of composition, known as care-mix, is also a highly relevant piece of evidence. When dealing with care-mix setting we can observe that not only sheer number of staff are relevant, but also compositions and thresholds. Third, developing countries, in advanced stages of the demographic transition could also help to create evidence for countries that need to strengthen their informal care settings: while in countries like Japan there has been a strong institutionalization of care through the implementation of the long term care system, in developing countries with no long term care systems the role of the community in the provision of care is a fundamental part. Study four and Study six suggest that an important element to consider when setting or encouraging informal care in the community is social support and social functioning, respectively. Countries considering strengthening their provision of informal care should consider initiatives to expand and make stronger social networks that in turn will be perceived by the caregivers of older adults as support. Fourth, the challenge of low evidence regarding outcomes of care remains valid both in the Japanese Geriatric health facility care and the informal care in Chile. Neither in Chile, nor in Japan there is a systemic quality assessment approach to quality assurance. Quality assurance has been limited to disclosure of structural characteristics both in Japan and Chile.

結論：

Evidence-based policy-making, is not a novel ideal, however is has gained renown momentum in ageing due to the necessity of making tight decision when resources are scarce. In the last years it has become a more important concept in public debate in the developing world. The authors would expect policy making to be driven by analysis of the reality, and not by ideology. No doubt this is an important moment to promote evidence as a driven force of change. However, creating evidence seems a rather neglected are of the discussion. Even where provision services are well developed, the challenge of providing high quality outcomes remains a challenge, especially in countries where outcome assessment of formal care have not been systematic and also in countries that are ill-prepared to provide fully functional long-term care. It is in this point of provision that quality, the main topic of this thesis, turns into an essential axis for action.

審査の結果の要旨

(批評)

批評点： この論文は、今後日本でよりニーズが高まる施設介護およびチリで中心となっている家族介護および本人に焦点をあててアウトカム評価をした研究である。

中間審査では、なぜ日本とチリかという指摘がなされた。改訂版では、単にその指摘に対応するのみでなく、世界の状況を広く調査し、その中で日本とチリを浮かび上がらせ、それらを対比させて考察がなされた。

日本での研究は、米国の政府の施設ケア評価方法を用いて日本の施設ケアの評価をした初めての試みである。一方、チリにおいても介護に焦点を当てた研究は先駆的である。今後グローバル化する高齢社会において、今後続く国においても応用しうるものとして、貴重な一石となる研究と評価される。

平成 27 年 1 月 16 日、学位論文審査委員会において、審査委員全員出席のもと論文について説明を求め、関連事項について質疑応答を行い、最終試験を行った。その結果、審査委員全員が合格と判定した。

よって、著者は博士（ヒューマン・ケア科学）の学位を受けるのに十分な資格を有するものと認める。